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September 3, 2003

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The Honorable Everett Alvarez, Jr. Chairman
CARES Commission
Department of Veterans Affairs
Washington, DC

Attn: Richard E. Larson Executive Director

Chairman Alvarez, Member of the CARES Commission:

Thank you for your invitation to participate in the CARES Commission hearing to review health care services for veterans on September 3, 2003, in Minnesota.

The CARES Commission hearing on the draft national plan to improve VA health care services is critical, and I regret, due to the United States Senate legislative schedule, I am not able to participate. I, along with other members of the North Dakota Congressional Delegation, urged that the CARES Commission schedule an additional hearing in North Dakota to offer veterans living considerable distances from the hearings in Minneapolis and Billings an opportunity to participate. As you know, the hearing location is more than 9 hours away for many veterans to participate and I deeply regret that a hearing in North Dakota could not be scheduled to enable more North Dakota veterans to participate.

Since the announcement by the Department of Veterans Affairs of the CARES Commission formation and agenda, I have followed closely the Commission proceedings on the review of the VA health care system, especially how the VA will meet the growing needs of veterans into the 21st Century. No undertaking, in my view, is more important to the future of VA healthcare. Today, we have military personal involved in conflicts in many corners of the globe including Iraq, Afghanistan, Bosnia and Liberia and veterans of these conflicts will eventually rely on the system you are developing

In those conflicts and peacekeeping operations, there are many North Dakota National Guardsmen, reservists and active duty personnel who are currently serving in these areas. In fact, per capita, no state has more citizens in the National Guard, nor a larger share of Guard personnel mobilized than North Dakota. We are among the leaders in the Reserves as well. North

Dakotans have always answered the call and sacrificed considerably to protect the freedoms we enjoy today. Without question, we have a solem obligation to ensure that those military personnal and families that are sacrificing today have their health care and other benefits protected and increased in every way possible. The review by the CARES Commission is critical in ensuring that our current veterans and those who will serve in future conflicts will receive the medical care and other services that they deserve.

I have reviewed the recently released draft national report of the CARES Commission and noted the Commission's recommendations with respect to services for the more than 60,000 veterans in North Dakota. As you may be aware, North Dakota is a very rural state and more than 50 percent of our veterans reside in rural communities more than 100 miles from the nearest VA medical facility. North Dakota currently has 4 medical facilities including the Fargo VA Medical Center and 3 VA Community Based Outpatient Clinics (CBOC), in Grafton, Bismarck and a cooperative arrangement with a DOD clinic on the Minot AFB. These facilites are critical in providing access to medical care for veterans living considerable distance from the Fargo VA Medical Center.

I noted in the draft Commission report that there are recommendations to improve tertiary care, increase speciality care and increase access to health care through increased community contract services. However, the critical recommendations of Fargo and VISN 23 VA officials to improve access to VA health care through an expansion of CBOCs has not been designated as a high priority category. This omission is unacceptable; we must do more to ensure greater local and regional access to primary care for North Dakota veterans.

Earlier in the CARES Commission process, a number of locations in North Dakota, including Devils Lake, Jamestown, Williston, Dickinson and Grand Forks AFB were recommended as possible sites for CBOC expansion to improve access. Unfortunately, the Commission draft report does not consider the expansion of CBOC to these communites are a high priority for implementation.

I regret this decision since North Dakota ranks the lowest in terms of veterans access to VA health care services. According to VA guidelines, only 37 percent of veterans have access to primary care in North Dakota and there is not a proposal to increase that level in the draft national plan. I strongly urge the CARES Commission to take into consideration the critical needs of veterans living in rural areas and to recommend the establishment of VA Community Based Outpatient Clinics in the rural communities that were recommended for CBOC expansion by both Fargo and VISN 23 VA officials as soon as possible.

Thank you for the opportunity to comment on the CARES Commission draft national report. I hope the Commission members will pay close attendtion to the access concerns and unique needs of veterans living in our rural communities. Thank you for the vital work you are undertaking as you review how best to meet the needs of our veterans in the 21st Century. Please keep in mind our military personnel currently serving in overseas conflicts as you make recommendations regarding future medical care and services for our veterans.

Sincerely,

KENT CONRAD

United States Senate

KC:wbsf



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RURAL HEALTH CARE COALITION



Earl Pomeroy Congress of the United States Rorth Dakota

August 29, 2003

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Richard E. Larson Executive Director VA CARES Commission Veterans Administration 810 Vermont Avenue, NW Washington, D.C. 20420

Dear Mr. Larson:

Thank you for the opportunity to offer comment on the Veterans Administration (VA) Capital Asset Realignment for Enhanced Services (CARES) Commission draft plans for VISN 23 and VISN 19.

I believe that the CARES Commission report makes recommendations important to the continued viability of the VA healthcare system. The United States faces an aging population along with an ever-growing number of veterans. As our country deals with these changing demographics, the VA's healthcare facilities must be reassessed and realigned in order to efficiently provide veterans with quality healthcare. It is my hope that the changes laid out in the Commission's report will allow all eligible veterans to better access to the care they need.

As a rural state, North Dakota's primary problem with VA healthcare is access. Many of our veterans are two to three hours away from the closest community-based outpatient clinic (CBOC) and a full day's drive away from the state's only VA hospital in Fargo. Many veterans find it difficult to make this kind of trip because of illness or the inability to take time off from a job. Consequently, they are sometimes prevented from obtaining the care they need.

For these reasons, I was pleased to see that the Commission's draft plan includes four new CBOCs for North Dakota located in Dickinson, Jamestown, Williston, and Devils Lake. With these new outpatient clinics, the number of North Dakota veterans within 60 miles of a primary care facility would increase from 37 percent to 63 percent. This will become increasingly important as the current veteran population ages and new veterans begin to enroll in the VA healthcare program.

Unfortunately, these clinics are not designated as high priority improvements by the CARES Commission report. I cannot overstate how important new CBOCs are to North Dakota veterans and I believe that a rural market like North Dakota will benefit greatly from these cost-effective primary care facilities. While most eligible veterans are not frequently in need of the

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inpatient care that a full-service hospital provides, it is imperative that outpatient primary care be accessible to North Dakota veterans according to the VA 60-mile-radius guidelines, which are standard for rural areas across the country. I urge you to designate North Dakota's CBOCs as a high priority.

Again, thank you for allowing me to share my views on the draft plan. North Dakotans are proud of their veterans and appreciate the sacrifices of these brave men and women. They deserve the increased access to quality healthcare that the four proposed CBOCs can provide.

Sincerer

(EARL POMEROY Member of Congress

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